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	- 100 Carlotte			or .	<u>(28x</u> (703) 746-400	U			
	INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.								
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06/28/ 2 0	CONDOND CHIMMELL CO.	9 501636 08407064			Ham	ettamon		(Signature)	
01 FC:25					6/2	1105		(Date)	
02 FC:89	01 30.00 DA APPLICATION NO.	FILING DATE	ı	FIRST NAME	INVENTOR	ATTORNEY DOCK	ET NO CO	ONFIRMATION NO.	
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	08/407,064 03/20/1995		RONALD A. KA			6046-101NA	46-101NA 7829		
•	TITLE OF INVENTION: V	IDEOPHONE SYSTEM FO	R SCRUTINY M	IONITORING	WITH COMPUTER CONT	TROL			
ſ	APPLN. TYPE	SMALL ENTITY	ISSUE I	TEE	PUBLICATION FEE	TOTAL FEE(S) I	OUE	DATE DUE	
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(CFR 1.363). Change of correspondence address (or Change of Correspond Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Cust Number is required.			registered attorney or agent) and the names of up to					
3	3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)								
	PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
	(A) NAME OF ASSIGNE	(I	(B) RESIDENCE: (CITY and STATE OR COUNTRY)						
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F	Please check the appropriate	lease check the appropriate assignee category or categories (will not be printed on the				Corporation or other p	rivate group er	atity Government	
4	a. The following fee(s) are	enclosed:	41	b. Payment of				 	
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	Advance Order - # of Copies 10			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1636 (enclose an extra copy of this form).					
5	5. Change in Entity Status (from status indicated above)								
	a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.								
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-	Authorized Signature	1 cm Xu	ypa		Date	June 2		2007_	
	Typed or printed name	Reena Kuyper	/v	<u></u> -	Registrat	ion No. 33,830			
H	This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to pro an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to comb is form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1 Alexandria, Virginia 22313-1450.								